

2625



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/934,968
Filing Date	August 22, 2001
First Named Inventor	Peter J. YIM et al.
Group Art Unit	2625
Examiner Name	CHOOBIN, Barry
Attorney Docket Number	38163-0136

Total Number of Pages in This Submission	7
--	---

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table><tr><td>Remarks</td><td>CUSTOMER NO. 44991</td></tr></table>			Remarks	CUSTOMER NO. 44991
Remarks	CUSTOMER NO. 44991			

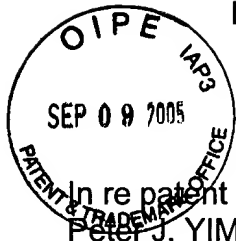
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John P. Isacson, Reg. No. 33,715, HELLER EHRMAN LLP, CUSTOMER NO. 44991
Signature	
Date	September 9, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO. 38163-0136

In re patent application of:  
Peter J. YIM et al.

Confirmation No.: 9058

Serial No.: 09/934,968

Art Unit: 2625

Filed: August 22, 2001

Examiner: CHOOBIN, Barry

For: VESSEL SURFACE RECONSTRUCTION WITH A TUBULAR DEFORMABLE  
MODEL

AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. § 1.111

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants herein respond to the Office Action mailed June 13, 2005 (Paper No./Mail Date 20050609), for the above-captioned application. Applicants believe that no extension of time is required, but expressly request an extension, and provide an authorization to charge our firm deposit account, should an extension be needed. While applicant believes that no fees are required, the Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 08-1641.

Please amend the Application as set forth in the Amendments below.